

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806

ELEVATING DEVICE PERMIT APPLICATION

Visit our Web Site at www.stpaul.gov/dsi

Section I - INFORMATIONAL

PROJECT ADDRESS	Number	Street Na	ame	St. Ave. Blvd. E	tc. NSI	E W Suite/Apt	. Building	Name	Date
Contractor	(Include Contact Person)			Address City State, Zip+4					2
Contractor's	s Email:								
roperty Owner (Include Contact Person)				Address City State, Zip+4			Phone		
New	Repair Modernization			Estimated ESTIMATED VA				ALUE OF WO	ORK
Commercial	Residenti Enter Numb	al ber of Dwelling Uni	ts	Estimated Completion Date					
		Section	n II Scope	of Work (See	Back of Fo	orm for fee so	chedule.)		
Unit Data Circle to Indicate	Passenger		Scalator / ving Walk		Limited Use Limited Access	Material Lift	Dumbwaiter	Other:	
Manufacturer Number	Manufacturer Capacity Make (Pounds)		Speed FF	PM Car Weight (pound	Car s)	Description of Car Enclosure		Number of Entrances	
Door Type	Center Opening		o Speed le Slide	Two Speed Center Opening	Bi-Parting	Power Operate Bi-Parting	ed Swing	Other	
Class of A	B C1	C2 C3		Safety Device A Type	в С	Broken Rope	Net Inside I Square Feet:	Platform Area	
Equipment	Elevator/ T Lift Type	Traction Hy	/draulic	Roped Hydraulic	Gearless	Drum	Other:		
Machine Sheave Size (Inches)		Motor HP	Operating Property PSI	ressure Normal	Full I	Relief	Governor Type	Flyball	Centrifugal
	Number of Floors	Number of Openings		Travel Feet In		Ioist Quantity Ropes		Governor Size Rope	
Circle to Indicate	Piston Diameter (inches)	Type of Buffer	Oil Spring	Solid Gas Spring Return		City Number	of Unit:		
Guide Rails Type/Weight	Car	Counter	rweight			(Enter # for R	Repair / Modernization Per	mit -Leave Blank for	r New)
					Inspector's	Approval:			
					Permit Nun	ıber :			(Office Use Only
Brief Description	on of Job, Location	n in Building, Floor, a	and Other Com	nents:		SI	UMMARY OF FEI	ES	
						Permit Fee (see back of form)			
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied within performing the work for which this permit is issued.					State Surcharge (Minimum 50 ¢) Total Permit Fee				
	•	evator Constructor L	•						
Signatur	e of Cardh	older (requii	red for all	l charges):					
☐ AMEX	☐ Discover	r 🗌 MasterCar	rd 🗆 Visa	Security Code ►			Month /Year		
Enter Account Number									

If you are paying for your permit by American Express, Discover, MasterCard or Visa, you may fax your application.

The credit card information section must be filled in and signed.

Our FAX number is 651-266-9124. If paying by check, please mail application and check to us.

Effective 01/09/2016

INSTRUCTIONS FOR FEE CALCULATION

New construction, repairs and modernization of existing devices:

Three percent of (.015 times) the total valuation of the work with a minimum fee of \$129.00.

The State surcharge is based on the valuation of the job:

\$1.00 to \$1000.00 is a 50¢ surcharge. \$1001.00 and up is .0005 times the value of the job.

ALL WORK MUST COMPLY WITH THE LATEST ADDITION OF A18.1, A17.1, A17.3 AND THE MINNESOTA STATE CODE SECTIONS 1307 AND 1341.

** Limited Use / Limited Access or Accessibility Lift **

Prior approval is required for installation. Contact the Elevator Inspector between 7:30- 9:00 a.m. at 651-266-9010.

If you have any questions, please call the field inspector, 651-266-9010. Field Inspectors Office Hours are 7:30 to 9:00 a.m., Monday through Friday.

Permit Fee Information: 651-266-8989.